

## HIV/AIDS In The South and Challenges In Other Non-Metropolitan Areas In The U.S.

Satellite Conference  
Friday, January 27, 2006  
2:00 - 4:00 p.m. (Central Time)

Produced by the Alabama Department of Public Health  
Video Communications Division

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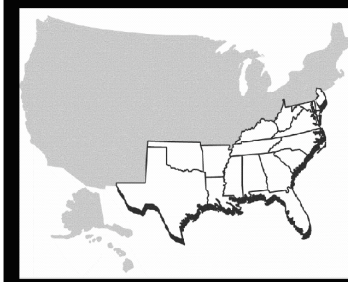
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## Program Objectives

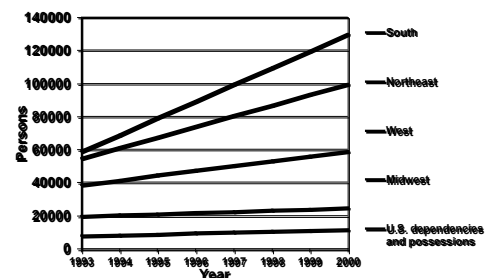
- The presentation of epidemiological data.
- Solutions to improve critical access to care and treatment for persons living with HIV/AIDS in the South.
- Specific case studies of people living with HIV disease.

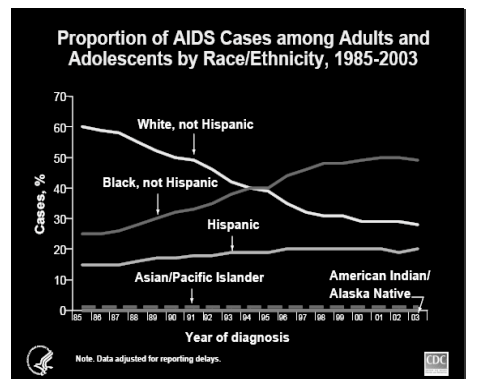
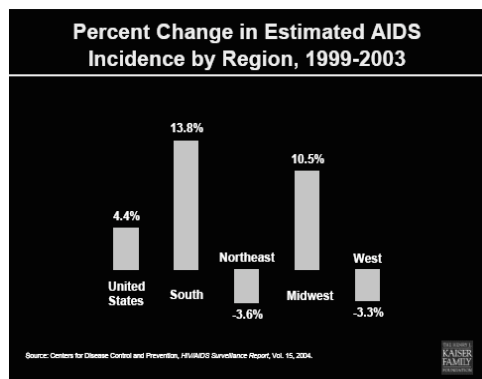
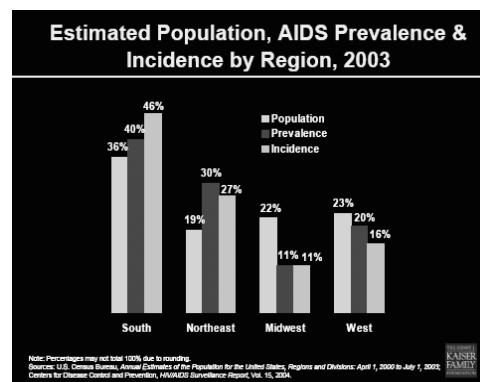
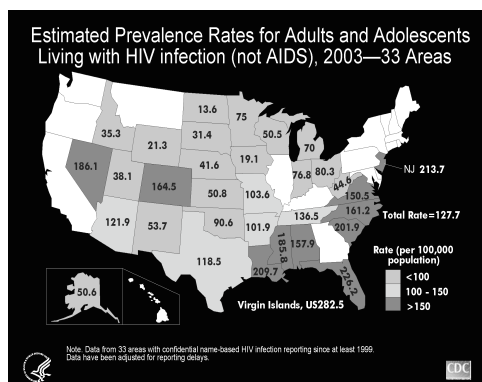
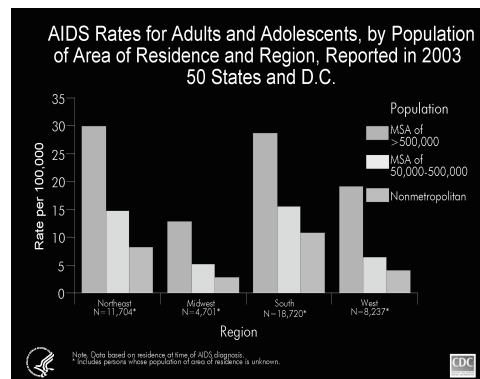
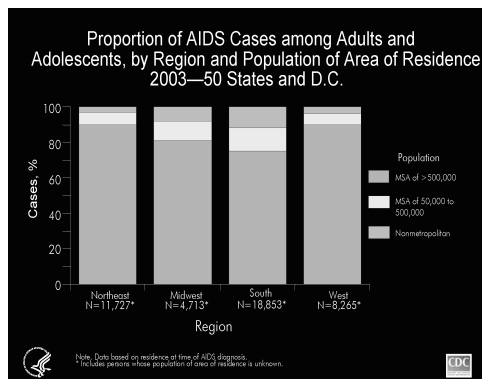
## The Southern Region of the U.S.



The Southern Region:  
Alabama  
Arkansas  
Delaware  
District of Columbia  
Florida  
Georgia  
Kentucky  
Louisiana  
Maryland  
Mississippi  
North Carolina  
Oklahoma  
South Carolina  
Tennessee  
Texas  
Virginia  
West Virginia

Estimated Number of Persons Living with  
AIDS, 1993 - 2000, by Region, United States





#### 4. Estimated HIV Prevalence in the United States at the End of 2003

- CDC estimated that by the end of 2000:
  - 850,000 - 950,000 HIV-infected persons living in the U.S.
  - 25% undiagnosed and unaware of their HIV infection
- HIV surveillance data and two statistical modeling procedures were used to update these estimates
- CDC now estimates that by the end of 2003:
  - 1,039,000 - 1,185,000 HIV-infected persons living in the U.S.
  - 24-27% undiagnosed and unaware of their HIV infection



#### NHBS-MSM - Data from Five Cities Funded to Conduct HIV Testing, 2004-2005



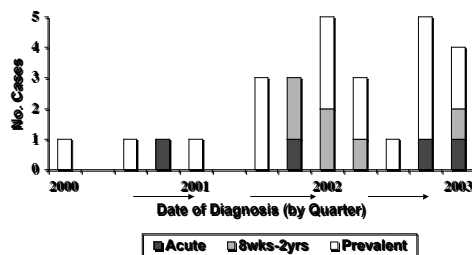
#### HIV Prevalence and Proportion with Undiagnosed HIV Infection in MSM in 5 Cities – NHBS, 2004-2005

Characteristic	Total Tested	HIV Prevalence N (%)	Undiagnosed HIV Infection N (%)
Total	1767	450 (25)	217 (48)
Age			
18-24	410	57 (14)	45 (79)
25-29	303	53 (17)	37 (70)
30-39	585	171 (29)	83 (48)
40-49	367	137 (37)	41 (30)
≥ 50	102	32 (31)	11 (34)
Race			
White	616	127 (21)	23 (18)
Black	444	206 (46)	139 (67)
Hispanic	466	80 (17)	38 (48)
API	95	7 (7)	2 (29)
NA/AN	<10	<10 (29)	<10 (100)
Multiracial/Other	123	25 (20)	13 (52)

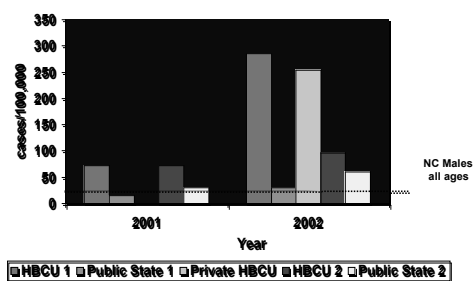
#### NHBS-MSM HIV testing results from 5 cities 2004-2005

- The high HIV prevalence rates in MSM, and in particular Black MSM, demonstrate the continued gravity of the epidemic in this population, and are consistent with previous data from the Young Men's Surveys
- Despite 92% of men reporting that they had been tested previously (64% in the past year), nearly half of HIV-positive men were unaware of their infection, indicating the need for intensive HIV prevention services

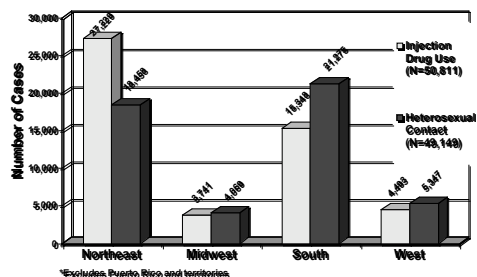
#### Newly-Diagnosed Cases of HIV Among NC College Students



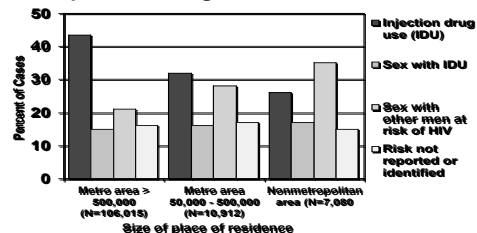
#### New HIV Diagnoses at Selected NC Colleges



### Women with AIDS Attributed to Injection Drug Use and Heterosexual Contact, by Region\*, through 2000, United States



### Percent Distribution of AIDS Cases in Adult/Adolescent Women, by Size of Place of Residence\* and Risk Exposure, Reported through 2000, United States\*



\*Based on reported residence at AIDS diagnosis; cases with unreported or other risk exposures are included in the totals  
\*Data from Puerto Rico, US Virgin Islands and territories are not included in this table

### Where Are We In 2006

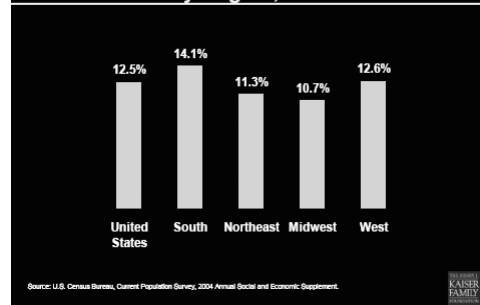
- Increase in HIV among racial/ethnic minority MSM
- Heterosexual transmission of HIV for women in the South
- ~25-40% of prevalent HIV infected are unaware of HIV status

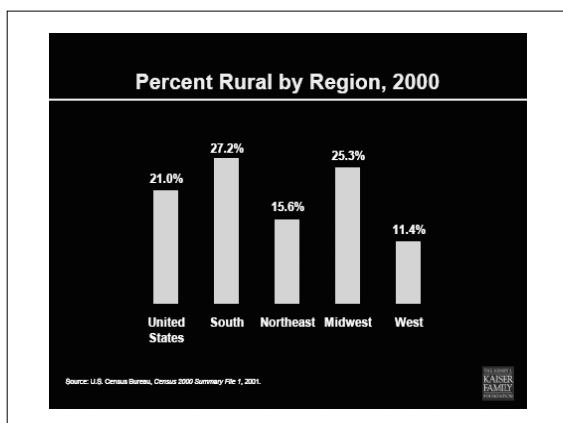
### Why The Disparities?

### Why

- Poverty/prison
  - Sexual concurrency
  - Institutional racism
  - STDs and bridging populations
  - Stigma of HIV
  - Rural nature of the south
  - Lack of primary care and access to meds
- Contextual Factors

### Percent Below Poverty Level by Region, 2003





## Epidemiological Synergy: STIs on HIV

- **STRONG EVIDENCE** that both ulcerative and non-ulcerative STIs increase HIV infectiousness and susceptibility
- Risk estimates range from 2.0-23.5

– Fleming and Wasserheit Sex Transm Inf 1999; 75:3

## STI Case Rate Rank

Region	Ct	GC	Syph	HSV
South	2	1	1	1
NE	3	3	3	
West	4	2	2	
Midwest	1	4	4	

## Late Entry into Care UNC HIV Clinic 2000-03

- SE reports greatest proportion of AIDS cases and deaths
  - CDC. First 500,000 AIDS cases—United States, 1995. MMWR Morb Mortal Wkly Rep 1995;44(46):849-53.
  - CDC. Update: AIDS—United States, 2000. MMWR Morb Mortal Wkly Rep 2002;51(27):592-5.
- On presentation, ART indicated for:
  - 75% of patients based on CD4 count, HIV RNA level, and an AIDS clinical condition
  - 71% solely on CD4 count
  - 78% , 57% , and 84% of patients entering HIV care ≤1 year, 1-2 years, and >2 years from HIV diagnosis, respectively (p=0.02)
  - Gaye in press 2006

## African Americans as Percent of People Living with AIDS: Top 10 States, 2003

- 10 of top 10 in the South  
(U.S. percent = 42.4%)
1. District of Columbia = 81.5%\*
  2. Maryland = 79.7%\*
  3. South Carolina = 73.4%\*
  4. Mississippi = 71.9%\*
  5. Georgia = 69.7%\*
  6. North Carolina = 67.8%\*
  7. Delaware = 67.5%\*
  8. Alabama = 62.9%\*
  9. Louisiana = 62.4%\*
  10. Virginia = 58.7%\*

Sources: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention Surveillance and Epidemiology, Special Data Report, October 2004. Available at [www.statehealthfacts.org](http://www.statehealthfacts.org).

## States with ADAP Waiting Lists and/or Access Restrictions, May 2005

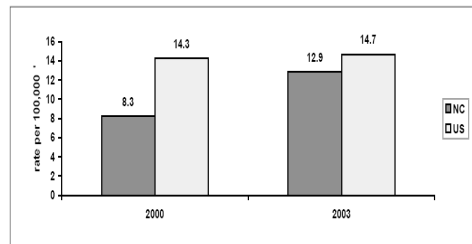
- 19 states as of May 2005
- 9 of these states are in the South; many already have low financial eligibility and limited formularies
- Southern States with ADAP restrictions:
  - Alabama
  - Arkansas
  - Georgia
  - Kentucky
  - Louisiana
  - North Carolina
  - Oklahoma
  - Texas
  - West Virginia

Notes: Includes several states with waiting lists where some or all clients are currently being served through the President's Initiative.  
Sources: National Alliance of State and Territorial AIDS Directors, The ADAP Watch, June 2005; National Alliance of State and Territorial AIDS Directors/HIV Family Foundation, National ADAP Monitoring Project, Annual Report, 2005.

## NC ADAP

- Lowest eligibility (125% poverty line)
- Missing those up to 250-300%
- Access to ADAP not equal
- Women more likely to be on waiting list

Figure 6.1. AIDS case rate for N.C. and U.S., 2000 and 2003



## Summary

- HIV/AIDS increasing in the South.
- Racial health disparity greatest in the South.
- Barriers of access to care significant in the South.
- Ryan White Funding and ADAP must be adjusted to reflect rural need, address health disparity, include prevention.

## Southern AIDS Coalition National Webcast: Closing and Recommendations

Kathie M. Hiers  
Community Co-Chair  
January 27, 2006

## Southern AIDS Coalition - Today

- Membership represents every state and every demographic in the South.
- SAC is driven to accomplish change to achieve 100% access to prevention, care, treatment, and housing for all persons at risk of or living with HIV disease in the nation.
- SAC's policies and requests will benefit many states outside of the Southern AIDS Coalition region.
- SAC is willing to partner / collaborate with any entity to achieve goals.



- Alabama
- Arkansas
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

## We Want Out of the Headlines



## Disparities In Care and Treatment

- The HIV epidemic is changing. The face of HIV/AIDS is becoming increasingly rural, female, black, and heterosexual. (Rural Health in the United States, Ricketts, 1999).

## Disparities In Care and Treatment

- While the South represents a little more than one-third of the nation's population (38%), it now accounts for more than 40% of the people living with AIDS and 46% of the estimated number of new AIDS cases (Kaiser, 2002).

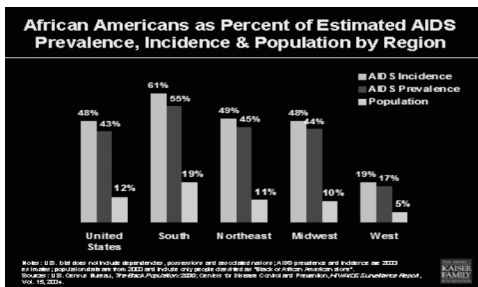
## Disparities In Care and Treatment

- There are 299,658 persons living with HIV or AIDS in the Southern AIDS Coalition States through December 31, 2003 (out of ~ 725,000 in the Nation).

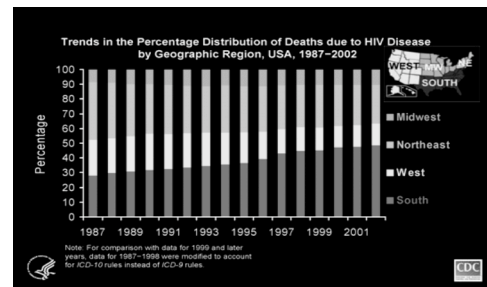
## Disparities In Care and Treatment

- Women of color in the South are 26 times more likely to be HIV-positive than white females.
- The South has lost more people to AIDS than any other region in the country. More than 200,000 Southerners have died.

## Minorities Are Hardest Hit Population in the South



## CDC: Mortality Rates Highest in the South



## Disparities in Care and Treatment

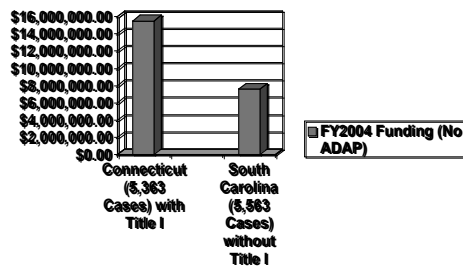
- Seven of the states with the ten highest AIDS case rates in the nation are located in the South (CDC, 2002).
- Nineteen states in the nation do not receive Ryan White Title I funds; nine are in the Southern AIDS Coalition region.

## Disparities in Care and Treatment

- The majority of people estimated to be living with AIDS in the South are African-American, but African-Americans represent only 19% of the overall population in the South. The President supports alleviating this barrier.

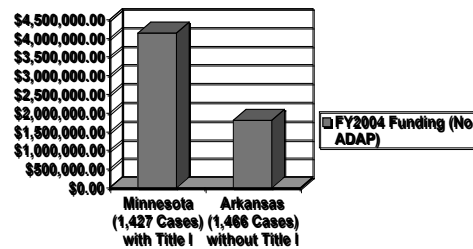
## Disparities in Care and Treatment

(NASTAD 2004)



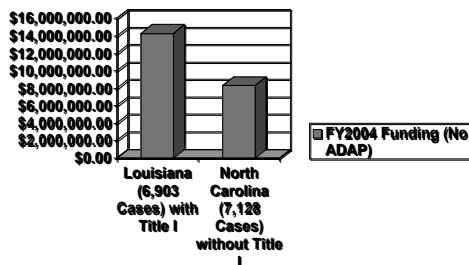
## Disparities in Care and Treatment

(NASTAD 2004)



## Disparities in Care and Treatment

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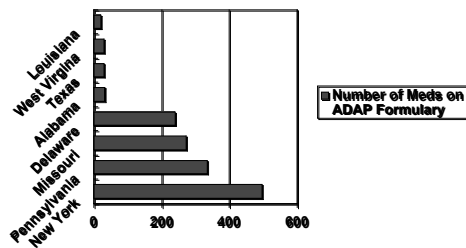
## Disparities in Care and Treatment

(Per Case without ADAP)

- Connecticut: \$2,887 vs. South Carolina: \$1,364
- Minnesota: \$2,903 vs. Arkansas: \$1,239
- Louisiana: \$2,069 vs. North Carolina: \$1,166



## Disparities in Care and Treatment (ADAP)



## Funding Squeeze

- Disparities are based solely on lack of resources, not because resources are not efficiently and effectively utilized.
- While 40,000 new infections still occur nationwide and more people are living with HIV disease than ever before, the method of distribution stays static or is diminished when it comes to the South.

## Funding Squeeze

- The proportional growth of federal funds has not met the domestic need. The South's disproportion continues to grow at the same pace.
- Increased appropriations targeted at these problems can shift the access to equal care and treatment nationwide.

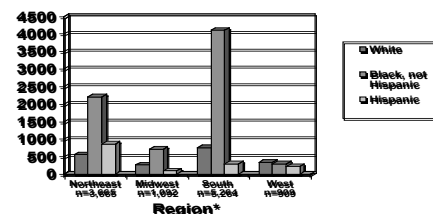
## Challenges of Living with HIV in the South

- Stigma
- Poverty
- Vast geographic distances
- Lack of infrastructure
- Financially challenged states
- Unavailability of housing stock
- Higher mortality rates

## Challenges of Living with HIV in the South



## Challenges for Women: Reported AIDS Cases Among Female Adults and Adolescents by Region and Race/Ethnicity in United States 2002



Note. Excludes persons from Puerto Rico and US dependencies, possessions and associated nations  
\* Region totals include females of unknown race.

## **The Ryan White C.A.R.E. Act**

- Remember the intent of the Ryan White C.A.R.E. Act: To assure access to essential care-related services for persons with HIV disease who have no other means of access.



## **Ryan White Reauthorization**

- Reauthorize the Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act.
- Allocate additional funding to bring equity to underfunded, non-Title I areas.
- Ensure parity in distribution of funds nationwide.

## **Ryan White Reauthorization AIDS Drug Assistance Program**

- All states should: a) have eligibility of at least 300% of federal poverty level; b) have full formulary coverage consistent with PHS guidelines, including all HAART medications and treatment for OIs; and c) not have waiting lists for medications.
- This principle must be funded utilizing targeted, increased appropriations.

## **Ryan White Reauthorization**

- Appropriations to Ryan White C.A.R.E. Act must increase substantially over the next five-year period of reauthorization to adequately support the increased numbers of persons living with HIV disease.

## **2006 State and Territory Results of SAC Policy**

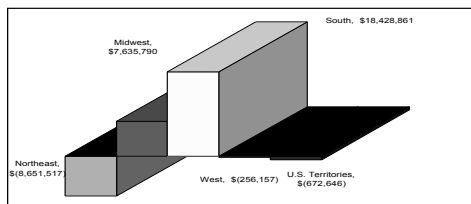
- If no new appropriation becomes available, distribution of the Ryan White C.A.R.E. Act funding must follow the epidemic, which will require a shift in current fund distribution toward an equal per case amount.

## **2006 State and Territory Results of SAC Policy**

- SAC supports a shift occurring in a manner that causes minimal disruption to existing care and treatment systems and services. A gradually increasing loss cap and gain cap allows a slow shift of funds over five years to ensure that funding more closely follows the epidemic without dramatically destabilizing current systems.

## 2006 State and Territory Results of SAC Policy

Results of SAC policy implementation: Shift of \$35.6 million in Year One with loss cap of 2% and gain cap of 23% in place.



## 2006 State and Territory Results of SAC Policy

- The loss cap affects 19 states with losses ranging from a \$5.9 million loss in New York to \$14,546 in South Dakota. Through this approach, no state loses more than 2% in 2006 compared to 2005 funding amounts. The loss cap escalates at a 1% increase per year through 2010; the previous chart only relates to 2006, assuming flat appropriations.

## 2006 State and Territory Results of SAC Policy

- The gain cap of 23% affects 15 states ranging from \$4.5 million increase in 2006 compared to 2005 in North Carolina (the lowest ADAP eligibility criteria in the nation) to \$14,358 in Alaska. These whole dollar amounts will make a significant impact on persons with HIV in the states that gain funds. Of the 23 areas with Title I EMAs (including states, the District of Columbia, and Puerto Rico), seven received increases in this scenario.

## 2006 State and Territory Results of SAC Policy

- Over the five years of reauthorization, if all things stay constant, \$160 million will shift among states and territories. This amount has been calculated with the gain and loss caps in place.

**“It is likely that without significant intervention or change, in the current state and national response, the HIV/AIDS and STD epidemics will continue to cause great harm to Southern citizens especially citizens of color.”**

*The Southern States HIV/AIDS Manifesto*

**OUR CALL TO ACTION**

## Discussion, Questions, and Answers

Thank you for your presence; your action is most welcome.



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